U.S. DEPARTMENT: OF COMMERGE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

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05/30/2006 GFREY1 00000157 192380 10580425
01 FC:1631 300.00 DA
02 FC:1633 200.00 DA
03 FC:1632 - 500.00 DA
04 FC:1617 130.00 DA
05 FC:1615 1700.00 DA
06 FC:1614 2600.00 DA
Adjustment date: 04/13/2007 DA
05/30/2006 GFREY1 00000157 192380 10580425
03 FC:1632 - 500.00 CR
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04/13/2007 SAHMEDI 00000	0002 192380	105804
01 FC:1642 400.00		•
02 FC:1615 2400.00 03 FC:1616 360.00		

°TO-1556 (5/87)

LS: Government Printing Office; 2002 --- 469-267/69033

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

**Application or Docket Number** 

10// 580425

CLAIMS AS FILED - PART I						SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY			
U.S. NATIONAL STAGE FEES		(Column 1)		(	(Column 2)		RATE		1			
<del></del>						······································	4		FEE		RATE	FEE
BASIC FEE							1	BASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE							]	EXAM. FEE			EXAM. FEE	200
SEARCH FEE					A. 44-4. A. A.			SEARCH FEE			SEARCH FEE	4.00
FEE FOR EXTRA SPEC. PGS.			minus 100 =		/ 50 =			X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS 53			102 minus 20 =		*	82		X \$ 25 =		OR	X \$ 50 =	4100
INDEPENDENT CLAIMS			16 minus 3 =		* 13			X \$ 100 =		OR	X \$ 200 =	2600
MULTIPLE DEPENDENT CLAIM PRESENT								+ \$ 180 =		OR	+ \$ 360 =	360
* If the difference in column 1 is less than zero, enter "0" in column 2					lumn 2	- ,	TOTAL	·	OR	TOTAL	7960	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (C					(Column 3)		SMALL EI	NTITY	OR	OTHER 1		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=	] [	X \$ 25 =		OR	X \$ 50 =	
AME	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRES	ENTATION OF M	ULTIPLE DEPE	NDENT	CLAIM			+ \$ 180 =		OR	+ \$ 360 =	
						,	4 1	TOTAL ADDIT. FFF		OR	TOTAL ADDIT. FFF	
		(Column 1)		(Colur	nn 2)	(Column 3)					•	
NTB		CLAIMS REMAINING AFTER AMENDMENT	-	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ZDME	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AMENDMENT	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRES	ENTATION OF M	ULTIPLE DEPE	NDENT (	CLAIM			+ \$ 180 =		OR	+ \$ 360 =	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											